

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No.

Registrar's No.

31192

7958

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pac. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ABRAM G. LAWRIE

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Constance 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Mar. 25 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 14 hr. min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Yard Foreman

11. Industry or business Mo. Pac. R.R.

12. Name Thomas Lawrie
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Jane Young
15. Birthplace Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Constance M. Lawrie

(b) Address 4316 Chouteau Ave.

17. (a) Burial (b) Date thereof 9-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 S. Kingshighway Bl.

19. (a) SEP 10 1948 (b) D. J. Bradock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4316 Chouteau Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't. day 9
year 1948 hour 4:20 minute A. M.

21. I hereby certify that I attended the deceased from Sept 7 1948 to Sept 9 1948
that I last saw him alive on Sept 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus Duration _____

Due to 61

Due to _____

Other conditions Congestive heart failure
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature E. R. Sheridan (M. D. or other) _____

Address 2602 So. Grand Date signed 9-10-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Richard W. Stovesand

Licensed Embalmer No.....

4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.